

DA/AG

FILED

FEB 19 2020

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMAMark C. McCartt, Clerk
U.S. DISTRICT COURT

1. Corretta Ann Rose

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

1. Tulsa County District Attorneys
2. Oklahoma District Attorneys Council
3. Oklahoma State Department of Health

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Complaint for Violation of Civil
Rights

(Non-Prisoner Complaint)

Case No. **20 CV 70 CVE - FHM**

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

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I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Corretta ann Rose
 Street Address 6103 S Vancouver Ave
 City and County TULSA, OKLAHOMA
 State and Zip Code 74132
 Telephone Number 918-853-7324
 E-mail Address CorrettaRose50@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name OKLAHOMA State Department
OF Health
 Job or Title _____
 (if known) _____
 Street Address 1000 NE 10th St
 City and County OKLAHOMA City, OKLA
 State and Zip Code 73117
 Telephone Number _____
 E-mail Address _____
 (if known) _____

☐ Individual capacity ☐ Official capacity

Defendant No. 2

Name OKLAHOMA District Attorneys
Council
 Job or Title _____

(if known)

Street Address

421 NW 13th Suite 290

City and County

OKLAHOMA CITY, OKLAHOMA

State and Zip Code

73103

Telephone Number

E-mail Address

(if known)

☐ Individual capacity

☐ Official capacity

Defendant No. 3

Name

Tulsa County District Attorneys

Job or Title

(if known)

Street Address

500 S. Denver Avenue Suite 900

City and County

Tulsa, Oklahoma 74103-3832

State and Zip Code

Telephone Number

E-mail Address

(if known)

☐ Individual capacity

☐ Official capacity

Defendant No. 4

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

☐ Individual capacity

☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
- ☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

The 14th amendment Due Process Clause

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

On or about October 12, 2012 in a therapy session
at the Orthopedic Center in Tulsa, Oklahoma.

- B. What date and approximate time did the events giving rise to your claim(s) occur?

October 12, 2012

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I filed a police report with the Tulsa County District
Attorney's office / Stephen A. Kunzweiler. I also filed
a claim with the Oklahoma State Department of Health.
I then filed the claim with the State Board of
Behavioral Health. Stephen Kunzweiler declined my
claim on 10 months later. The State Department of Health
denied my complaint on January 31, 2013, only 4 months after
my original complaint. In 2016, Nikki Ella, of Scott Pruitt's
office, contacted me to testify for four Caucasian women
making that were victims of Tom Josephson. The trial date
continued to be pushed back resulting in my claim reaching
the 4 years of Statute.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Post Traumatic Stress Disorder
 Psychotherapy sessions with Mark A Kelley, M.D.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am requesting 3.3 million dollars in damages. I have suffered emotionally with this process.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Feb 19, 2020

Signature of Plaintiff Corretta ann Rose

Printed Name of Plaintiff Corretta ann Rose

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

Telephone Number _____

E-mail Address _____